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PTO/SB/97 (08-00)

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on June 22, 2005
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Signature

J. Matthew Zigmant
Typed or printed name of person signing Certificate

In re: application of: Dirk Reese, et al.
Application Number: 10/786,370
Filed: 2/24/2004
Title: Over-Voltage Protection Of Integrated Circuit I/O Pins
Atty Docket Number: 015114-067500US JMZ/Io

Being faxed to Examiner - Zweizig, Jeffrey Shawn Group 2816 at facsimile number
1-703-872-9306 are the following documents:

1. This PTO/SB/97 Certificate of Transmission (1 page);
2. PTO/SB/21 Transmittal Form (1 page);
3. PTO/SB/17 - Fee Transmittal (1 page submitted in duplicate);
4. PTO/SB/22 - Petition to Extend Time (1 page submitted in duplicate); and
5. Amendment (9 pages).

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JUN 24 2005

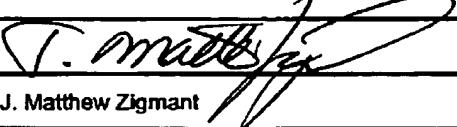
Number of pages being transmitted: 15

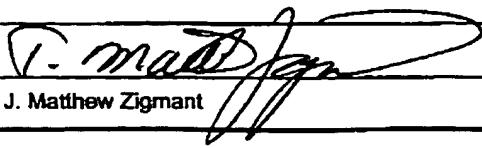
60522411 v1

PTO/SB/21 (09-04)

TRANSMITTAL FORM		Application Number	10/786,370
(To be used for all correspondence after initial filing)		Filing Date	February 24, 2004
		First Named Inventor	Reese, Dirk
		Art Unit	2816
		Examiner Name	Zweizig, Jeffrey Shawn
Total Number of Pages in This Submission	15	Attorney Docket Number	015114-067500US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): This Transmittal Form (1 page); and PTO/SB/97 - Certificate of Transmission (1 page).
<div style="border: 1px solid black; padding: 2px;"> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. </div>			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Matthew Zigmant		
Date	6/22/05	Reg. No.	44,005

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	J. Matthew Zigmant		Date 6/22/05

60522409 v1

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee Transmittal		Application Number	10/786,370
For FY 2005		Filing Date	February 24, 2004
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Reese, Dirk
TOTAL AMOUNT OF PAYMENT (\$ 450)		Examiner Name	Zweizig, Jeffrey Shawn
		Art Unit	2816
		Attorney Docket No.	015114-067500US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

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Fee Calculation**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity		Small Entity		Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
	Fee (\$)	Fee (\$)			Fee (\$)	Fee Paid (\$)
21	-20 or HP =	1	x \$50	\$50		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
	Fee (\$)	Fee (\$)			Fee (\$)	Fee Paid (\$)
5	-3 or HP =	2	x \$200	\$400		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

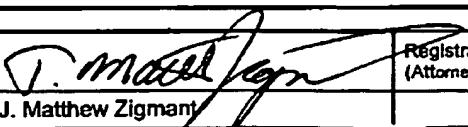
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY	
Signature	
Name (Print/Type)	J. Matthew Zigmant
Registration No. (Attorney/Agent)	44,005
Telephone	415-576-0200
Date	6/22/05

60522352 v1

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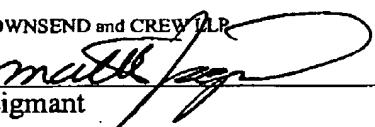
007/015

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PATENT
Attorney Docket No.: 015114-067500US
Client Ref. No.: A1060

TOWNSEND and TOWNSEND and CREW LLP

By: 
J. Matthew Zigmant

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Dirk Reese et al.

Application No.: 10/786,370

Filed: February 24, 2004

For: OVER-VOLTAGE PROTECTION
OF INTEGRATED CIRCUIT I/O PINS

Customer No.: 26059

Confirmation No. 3403

Examiner: Zweizig, Jeffrey Shawn

Technology Center/Art Unit: 2816

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the office action mailed March 15, 2005, please enter the following
amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this
paper.

Remarks/Arguments begin on page 8 of this paper.

06/24/2005 ZJUHAR1 00000002 201430 10786370

02 FC:1201 ~~400.00 DA~~
03 FC:1202 ~~50.00 DA~~

06/24/2005 ZJUHAR1 00000004 201430 10786370

02 FC:1202 50.00 DA
03 FC:1201 400.00 DA